	Substitute for form 1449APTO			COMPLETE IF KNOWN
	INFORMATION DI	SCLOSURE	Application Number	10/506,479
	STATEMENT BY A	DDI ICANT	Filing Date	September 1, 2004
1 /	` <u>`</u> `\	PPLICANI	First Named Inventor	N. Smith et al.
(DEC 2 0 2005 (2)		Group Art Unit	1625
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Shee	THE STATE OF THE S	f 2	Attorney Docket Number	MS0007YP

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Examiner	Cite No.	U.S. Patent Document		Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
Initials*		Number	Kind Code (if known)	of Cited Document	MM-DD-YYYY
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^{*}Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Substitute for form 1449B/PTO		Patent and I rademark Office; U.S DEPART MENT OF COMMERCE COMPLETE IF KNOWN		
INFORMATION DISCLOSU	RE A	Application Number	10/506,479	
STATEMENT BY APPLICAN	NOTE F	Filing Date	September 1, 2004	
STATEMENT BY APPLICAN	F	First Named Inventor	N. Smith et al.	
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Examiner Initials*	Cite No.	Include name of the author, title, date, page(s), volume-issue number(s) and place of publication.				
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Examiner Signature	/Joseph Kosack/	Date Considered	05/28/2008

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